

### **Remarks/Arguments**

The foregoing amendments to the claims are of formal nature, and do not add new matter. Claims 119-124 are pending in this application and are rejected on various grounds. Claim 124 has been canceled without prejudice or disclaimer. Claim 119 has been amended for clarity. The rejections to the presently pending claims are respectfully traversed.

### **Claim Rejections – 35 USC § 101 and 112, first paragraph**

Claims 119-124 are rejected under 35 U.S.C. §101 allegedly “because the claimed invention is not supported by either a specific and substantial asserted utility or a well established utility.” Claims 119-124 are further rejected under 35 U.S.C. §112, first paragraph allegedly “since the claimed invention is not supported by either a specific and substantial asserted utility or a well established utility, one skilled in the art would not know how to use the claimed invention”.

The Examiner asserts that the specification does not disclose a function for the antibodies against SEQ ID NO: 399. While the Examiner acknowledges that the nucleic acids encoding PRO1187 shows a positive correlation for lung cancer, the Examiner quotes Haynes *et al.* to show that "protein expression shows a poor correlation with mRNA expression" and further says that "the increased copy number of DNA does not provide a readily apparent use for the polypeptide (or antibodies), for which there is no information regarding level of expression, activity or role in cancer". The Examiner also points out that "function cannot be predicted based solely on structural similarity to a protein found in the sequence databases" and quotes exemplary literature reports like Karp and Skolnick *et al.* to support this position. For the reasons outlined below, Applicants respectfully disagree.

### **Utility Guidelines**

According to the Utility Examination Guidelines (“Utility Guidelines”), 66 Fed. Reg. 1092 (2001) an invention complies with the utility requirement of 35 U.S.C. § 101, if it has at least one asserted “specific, substantial, and credible utility” or a “well-established utility.”

Under the Utility Guidelines, a utility is “specific” when it is particular to the subject matter claimed. For example, it is generally not enough to state that a nucleic acid is useful as a diagnostic without also identifying the conditions that is to be diagnosed.

The requirement of “substantial utility” defines a “real world” use, and derives from the Supreme Court’s holding in *Brenner v. Manson*, 383 U.S. 519, 534 (1966) stating that “The basic *quid pro quo* contemplated by the Constitution and the Congress for granting a patent monopoly is the benefit derived by the public from an invention with substantial utility.” In explaining the “substantial utility” standard, M.P.E.P. 2107.01 cautions, however, that **Office personnel must be careful not to interpret the phrase "immediate benefit to the public" or similar formulations used in certain court decisions to mean that products or services based on the claimed invention must be "currently available" to the public in order to satisfy the utility requirement.** “Rather, any reasonable use that an applicant has identified for the invention that can be viewed as providing a public benefit should be accepted as sufficient, at least with regard to defining a “substantial” utility.” (M.P.E.P. 2107.01, emphasis added.) Indeed, the Guidelines for Examination of Applications for Compliance with the Utility Requirement, set forth in M.P.E.P, 2107 II (B) (1) gives the following instruction to patent examiners: “If the (A)pplicant has asserted that the claimed invention is useful for any particular practical purpose . . . and the assertion would be considered credible by a person of ordinary skill in the art, do not impose a rejection based on lack of utility.”

Finally, the Utility Guidelines restate the Patent Office’s long established position that any asserted utility has to be “credible.” “Credibility is assessed from the perspective of one of ordinary skill in the art in view of the disclosure and any other evidence of record . . . that is probative of the Applicant’s assertions.” (M.P.E.P. 2107 II (B) (1) (ii)) Such standard is presumptively satisfied unless the logic underlying the assertion is seriously flawed, or if the facts upon which the assertion is based are inconsistent with the logic underlying the assertion (Revised Interim Utility Guidelines Training Materials, 1999).

To overcome the presumption of truth based on an assertion of utility by the Applicant, the Examiner must establish that **it is more likely than not** that one of ordinary skill in the art would doubt the truth of the statement of utility. **Absolute predictability is not a requirement.**

Only after the Examiner has made a proper *prima facie* showing of lack of utility, does the burden of rebuttal shift to the applicant. The issue will then be decided on the totality of evidence.

### **Arguments**

The Examiner bases her conclusion, that "function cannot be predicted based solely on structural similarity to a protein found in the sequence databases" on exemplary literature reports like Karp and Skolnick *et al.* Initially, Applicants submit that the claimed utility for the PRO1187 protein and its antibody is based on its use in the diagnosis of lung cancer and is not based on structural similarity to known proteins. As explained below, Applicants rely on the gene amplification data for patentable utility of this case.

Gene amplification is an essential mechanism for oncogene activation and the assay is well-described in Example 170, page 539 of the present application. The gene amplification data shows that genomic DNA was isolated from a variety of primary cancers and cancer cell lines listed in Table 9 (especially page 554, Table 9C) which includes primary lung cancers of the type and stage indicated in Table 8 (page 546). As a negative control, DNA was isolated from the cells of ten normal healthy individuals, which was pooled and used as a control (page 539, lines 27-29). Gene amplification was monitored using real-time quantitative TaqMan™ PCR and the results are set forth in Table 9C. As explained in the passage on page 539, lines 37-39, "the results of TaqMan™ PCR are reported in  $\Delta$ Ct units. **One unit** corresponds to one PCR cycle or approximately a **2-fold amplification**, relative to control, two units correspond to 4-fold, 3 units to 8-fold amplification and so on" (emphasis added). Table 9C indicates that PRO1187 showed approximately 1.17-1.55  $\Delta$ Ct units which corresponds to  $2^{1.17}$ - $2^{1.55}$ - fold amplification or **2.25-fold to 2.928-fold** amplification in squamous cell carcinomas of lung, which is significant and thus the PRO1187 gene has utility as a diagnostic marker.

### **A prima facie case of lack of utility has not been established**

The Examiner bases her conclusion, that increases in gene copy number does not reliably correlate with increased gene expression or polypeptide expression, on Haynes *et al.*, hence concludes that PRO1187 polypeptides and their antibodies lack utility.

The Examiner says that "Haynes *et al.* studied 80 proteins... and found no strong correlation between proteins and transcript levels." Applicants respectfully traverse and point out that, on the contrary, Haynes teaches that "**there was a general trend** but no strong correlation between protein [expression] and transcript levels" (Emphasis added). Haynes studied 80 *yeast* proteins to show that "protein levels cannot be **accurately** predicted from the level of the corresponding mRNA transcript" (Emphasis added) (see page 1863, paragraph 2.1, last line). For example, in Figure 1, there is a positive correlation between mRNA and protein amongst **most** of the 80 yeast proteins studied but the correlation is "not linear" and hence, "one cannot **accurately** predict protein levels from mRNA levels." In fact, very few data points deviated or scattered away from the expected normal or showed a lack of correlation between mRNA: protein levels. Thus, the Haynes data meets the "more likely than not standard" and shows that a positive correlation exists between mRNA and protein. Therefore, Applicants submit that the Examiner's rejection is based on a misrepresentation of the scientific data presented in Haynes *et al.*

**It is "more likely than not" for amplified genes to have increased mRNA and protein levels**

Applicants submit further exemplary articles to show that, contrary to what the Examiner asserts, just as in Haynes, the art indicates that, generally, if a gene is amplified in cancer, it is **more likely than not** that the encoded protein will be expressed at an elevated level. For example, Orntoft *et al.* (Mol. and Cell. Proteomics, 2002, Vol.1, pages 37-45) studied transcript levels of 5600 genes in malignant bladder cancers many of which were linked to the gain or loss of chromosomal material using an array-based method. Orntoft *et al.* showed that there was a gene dosage effect and taught that "in general (18 of 23 cases) chromosomal areas with more than 2-fold gain of DNA showed a corresponding increase in mRNA transcripts" (see column 1, abstract). In addition, Hyman *et al.* (Cancer Res., 2002, Vol. 62, pages 6240-45) showed, using CGH analysis and cDNA microarrays which compared DNA copy numbers and mRNA expression of over 12,000 genes in breast cancer tumors and cell lines, that there was "evidence of a prominent global influence of copy number changes on gene expression levels." (see page 6244, column 1, last paragraph). Additional supportive teachings were also provided by Pollack

*et al.*, (PNAS, 2002, Vol. 99, pages 12963-12968) who studied a series of primary human breast tumors and showed that "...62% of highly amplified genes show moderately or highly elevated expression, and DNA copy number influences gene expression across a wide range of DNA copy number alterations (deletion, low-, mid- and high-level amplification), and that on average, a 2-fold change in DNA copy number is associated with a corresponding 1.5-fold change in mRNA levels." Thus, these articles collectively teach that in general, gene amplification increases mRNA expression.

In addition, enclosed is a Declaration by Dr. Polakis, principal investigator of the Tumor Antigen Project of Genentech, Inc., the assignee of the present application to show that mRNA expression correlates well with protein levels, in general. As Dr. Polakis explains, the primary focus of the microarray project was to identify tumor cell markers useful as targets for both the diagnosis and treatment of cancer in humans. The scientists working on the project extensively rely on results of microarray experiments in their effort to identify such markers. As Dr. Polakis explains, using microarray analysis, Genentech scientists have identified approximately 200 gene transcripts (mRNAs) that are present in human tumor cells at significantly higher levels than in corresponding normal human cells. To date, they have generated antibodies that bind to about 30 of the tumor antigen proteins expressed from these differentially expressed gene transcripts and have used these antibodies to quantitatively determine the level of production of these tumor antigen proteins in both human cancer cells and corresponding normal cells. Having compared the levels of mRNA and protein in both the tumor and normal cells analyzed, they found a very good correlation between mRNA and corresponding protein levels. Specifically, in approximately 80% of their observations they have found that increases in the level of a particular mRNA correlates with changes in the level of protein expressed from that mRNA. While the proper legal standard is to show that the existence of correlation between mRNA and polypeptide levels is more likely than not, the showing of approximately 80% correlation for the molecules tested in the Polakis Declaration greatly exceed this legal standard. Based on these experimental data and his vast scientific experience of more than 20 years, Dr. Polakis states that, for human genes, increased mRNA levels typically correlate with an increase in abundance of the encoded protein. He further confirms that "it remains a central dogma in molecular biology that increased mRNA levels are predictive of corresponding increased levels of the encoded protein."

Taken together, although there are some examples in the scientific art that do not fit within the central dogma of molecular biology, that there is a correlation between polypeptide and mRNA levels, these instances are exceptions rather than the rule. In the vast majority of amplified genes, the teachings in the art, as exemplified by Orntoft *et al.*, Hyman *et al.*, Pollack *et al.*, and the Polakis declaration, overwhelmingly show that gene amplification influences gene expression at the mRNA and protein levels. Thus, one of skill in the art would reasonably expect in this instance, based on the amplification data for the PRO1187 gene, that the PRO1187 protein is concomitantly overexpressed. Thus, Applicants submit that the PRO1187 proteins and nucleic acids have utility in the diagnosis of cancer and based on such a utility, one of skill in the art would know exactly how to use the protein for diagnosis of cancer.

**Claimed proteins would have diagnostic utility even if the protein were not overexpressed**

Even assuming *arguendo* that, there is no correlation between gene amplification and increased mRNA/protein expression for PRO1187, which Applicants submit is not true, a polypeptide encoded by a gene that is amplified in cancer would **still** have a credible, specific and substantial utility. In support, Applicants submit a Declaration by Avi Ashkenazi, Ph.D., an expert in the field of cancer biology and an inventor of the instant application. Dr. Avi Ashkenazi's Declaration explains that:

even when amplification of a cancer marker gene does not result in significant over-expression of the corresponding gene product, this very absence of gene product over-expression still provides significant information for cancer diagnosis and treatment. Thus, if over-expression of the gene product does not parallel gene amplification in certain tumor types but does so in others, then parallel monitoring of gene amplification and gene product over-expression enables more accurate tumor classification and hence better determination of suitable therapy. In addition, absence of over-expression is crucial information for the practicing clinician. If a gene is amplified but the corresponding gene product is not over-expressed, the clinician accordingly will decide not to treat a patient with agents that target that gene product.

Applicants thus submit that simultaneous testing of gene amplification and gene product over-expression enables more accurate tumor classification, even if the gene-product, the protein,

is not over-expressed. This leads to better determination of a suitable therapy. Further, as explained in Dr. Ashkenazi's Declaration, absence of over-expression of the protein itself is crucial information for the practicing clinician. If a gene is amplified in a tumor, but the corresponding gene product is not over-expressed, the clinician need not treat a patient with agents that target that gene product. This not only saves money, but further prevents unnecessary exposure of the patient to the side effects of gene product targeted agents.

This is further supported by the teachings of the attached article by Hanna and Mornin. The article teaches that the HER-2/neu gene has been shown to be amplified and/or over-expressed in 10%-30% of invasive breast cancers and in 40%-60% of intraductal breast carcinoma. Further, the article teaches that diagnosis of breast cancer includes testing both the amplification of the HER-2/neu gene (by FISH) as well as the over-expression of the HER-2/neu gene product (by IHC). Even when the protein is not over-expressed, the assay relying on both tests leads to a more accurate classification of the cancer and a more effective treatment of it.

In conclusion, Applicants have demonstrated a credible, specific and substantial asserted utility for the PRO1187 polypeptide based on the gene amplification results for the nucleic acid, for example, in detecting over-expression or absence of expression of PRO1187. In fact, the art also indicates that, if a gene is amplified in cancer, it is **more likely than not** that the encoded protein will also be expressed at an elevated level. Based on these discussions, one skilled in the art, at the time the application was filed, would know how to use the claimed polypeptides and its antibodies, without undue experimentation.

Thus, Applicants have demonstrated utility for the PRO1187 polypeptide as a lung tumor marker. Accordingly, the present 35 U.S.C. §101 and §112, first paragraph utility rejections should be withdrawn.

#### **Claim Rejections – 35 USC § 112, second paragraph**

Claims 119 and 124 were rejected under 35 U.S.C. §112, second paragraph for being indefinite. The Examiner alleges that "the instant claims are indefinite in the recitation, the antibody that "binds" and the antibody that "specifically binds." Applicants respectfully traverse this rejection.

Without acquiescing to the propriety of this rejection and solely in the interest of expedited prosecution in this case, Applicants have canceled claim 124 and have amended claim 119 to recite "specifically binds". Applicants submit that the art-recognized meaning of "specific" binding is that the antibody that specifically binds to a particular antigen does not significantly cross-react with another antigen. Accordingly, one skilled in the art would know what the scope of the invention is.

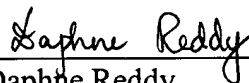
Accordingly, Applicants respectfully request that this rejection to claims be withdrawn.

The present application is believed to be in *prima facie* condition for allowance, and an early action to that effect is respectfully solicited.

Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 08-1641 (Attorney Docket No.: 39780-2730P1C41). Please direct any calls in connection with this application to the undersigned at the number provided below.

Respectfully submitted,

Date: June 16, 2004

  
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Daphne Reddy  
Reg. No. 53,507

**HELLER EHRMAN WHITE & McAULIFFE LLP**

**Customer No. 35489**

275 Middlefield Road

Menlo Park, California 94025

Telephone: (650) 324-7000

Facsimile: (650) 324-0638

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Ashkenazi et al.  
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TRANSMEMBRANE  
POLYPEPTIDES AND NUCLEIC  
ACIDS ENCODING THE SAME  
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**DECLARATION OF AVI ASHKENAZI, Ph.D UNDER 37 C.F.R. § 1.132**

I, Avi Ashkenazi, Ph.D. declare and say as follows: -

1. I am Director and Staff Scientist at the Molecular Oncology Department of Genentech, Inc., South San Francisco, CA 94080.
2. I joined Genentech in 1988 as a postdoctoral fellow. Since then, I have investigated a variety of cellular signal transduction mechanisms, including apoptosis, and have developed technologies to modulate such mechanisms as a means of therapeutic intervention in cancer and autoimmune disease. I am currently involved in the investigation of a series of secreted proteins over-expressed in tumors, with the aim to identify useful targets for the development of therapeutic antibodies for cancer treatment.
3. My scientific Curriculum Vitae, including my list of publications, is attached to and forms part of this Declaration (Exhibit A).
4. Gene amplification is a process in which chromosomes undergo changes to contain multiple copies of certain genes that normally exist as a single copy, and is an important factor in the pathophysiology of cancer. Amplification of certain genes (e.g., Myc or Her2/Neu)

gives cancer cells a growth or survival advantage relative to normal cells, and might also provide a mechanism of tumor cell resistance to chemotherapy or radiotherapy.

5. If gene amplification results in over-expression of the mRNA and the corresponding gene product, then it identifies that gene product as a promising target for cancer therapy, for example by the therapeutic antibody approach. Even in the absence of over-expression of the gene product, amplification of a cancer marker gene - as detected, for example, by the reverse transcriptase TaqMan<sup>®</sup> PCR or the fluorescence *in situ* hybridization (FISH) assays - is useful in the diagnosis or classification of cancer, or in predicting or monitoring the efficacy of cancer therapy. An increase in gene copy number can result not only from intrachromosomal changes but also from chromosomal aneuploidy. It is important to understand that detection of gene amplification can be used for cancer diagnosis even if the determination includes measurement of chromosomal aneuploidy. Indeed, as long as a significant difference relative to normal tissue is detected, it is irrelevant if the signal originates from an increase in the number of gene copies per chromosome and/or an abnormal number of chromosomes.

6. I understand that according to the Patent Office, absent data demonstrating that the increased copy number of a gene in certain types of cancer leads to increased expression of its product, gene amplification data are insufficient to provide substantial utility or well established utility for the gene product (the encoded polypeptide), or an antibody specifically binding the encoded polypeptide. However, even when amplification of a cancer marker gene does not result in significant over-expression of the corresponding gene product, this very absence of gene product over-expression still provides significant information for cancer diagnosis and treatment. Thus, if over-expression of the gene product does not parallel gene amplification in certain tumor types but does so in others, then parallel monitoring of gene amplification and gene product over-expression enables more accurate tumor classification and hence better determination of suitable therapy. In addition, absence of over-expression is crucial information for the practicing clinician. If a gene is amplified but the corresponding gene product is not over-expressed, the clinician accordingly will decide not to treat a patient with agents that target that gene product.

7. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information or belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so

made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issued thereon.

By: Avi Ashkenazi  
Avi Ashkenazi, Ph.D.

Date: 9/15/03



## **CURRICULUM VITAE**

**Avi Ashkenazi**

July 2003

### **Personal:**

Date of birth: 29 November, 1956  
Address: 1456 Tarrytown Street, San Mateo, CA 94402  
Phone: (650) 578-9199 (home); (650) 225-1853 (office)  
Fax: (650) 225-6443 (office)  
Email: aa@gene.com

### **Education:**

1983: B.S. in Biochemistry, with honors, Hebrew University, Israel  
1986: Ph.D. in Biochemistry, Hebrew University, Israel

### **Employment:**

1983-1986: Teaching assistant, undergraduate level course in Biochemistry  
1985-1986: Teaching assistant, graduate level course on Signal Transduction  
1986 - 1988: Postdoctoral fellow, Hormone Research Dept., UCSF, and  
Developmental Biology Dept., Genentech, Inc., with J. Ramachandran  
1988 - 1989: Postdoctoral fellow, Molecular Biology Dept., Genentech, Inc.,  
with D. Capon  
1989 - 1993: Scientist, Molecular Biology Dept., Genentech, Inc.  
1994 -1996: Senior Scientist, Molecular Oncology Dept., Genentech, Inc.  
1996-1997: Senior Scientist and Interim director, Molecular Oncology Dept.,  
Genentech, Inc.  
1997-1990: Senior Scientist and preclinical project team leader, Genentech, Inc.  
1999 -2002: Staff Scientist in Molecular Oncology, Genentech, Inc.  
2002-present: Staff Scientist and Director in Molecular Oncology, Genentech, Inc.

### **Awards:**

1988: First prize, The Boehringer Ingelheim Award

## Editorial:

Editorial Board Member: Current Biology

Associate Editor, Clinical Cancer Research.

Associate Editor, Cancer Biology and Therapy.

## Refereed papers:

1. Gertler, A., Ashkenazi, A., and Madar, Z. Binding sites for human growth hormone and ovine and bovine prolactins in the mammary gland and liver of the lactating cow. *Mol. Cell. Endocrinol.* **34**, 51-57 (1984).
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3. Ashkenazi, A., Madar, Z., and Gertler, A. Partial purification and characterization of bovine mammary gland prolactin receptor. *Mol. Cell. Endocrinol.* **50**, 79-87 (1987).
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12. Ashkenazi, A., Peralta, E., Winslow, J., Ramachandran, J., and Capon, D. Functionally distinct G proteins couple different receptors to PI hydrolysis in the same cell. *Cell* **56**, 487-493 (1989).
13. Ashkenazi, A., Ramachandran, J., and Capon, D. Acetylcholine analogue stimulates DNA synthesis in brain-derived cells via specific muscarinic acetylcholine receptor subtypes. *Nature* **340**, 146-150 (1989).
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27. Chamow, S., Zhang, D., Tan, X., Mhtre, S., Marsters, S., Peers, D., Byrn, R., Ashkenazi, A., and Yunghans, R. A humanized bispecific immunoadhesin-antibody that retargets CD3<sup>+</sup> effectors to kill HIV-1-infected cells. *J. Immunol.* **153**, 4268-4280 (1994).
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12. Ashkenazi, A., and Dixit, V. Apoptosis control by death and decoy receptors. *Curr. Opin. Cell. Biol.* **11**, 255-260 (1999).

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14. Ashkenazi, A. Targeting death and decoy receptors of the tumor necrosis factor superfamily. *Nature Rev. Cancer* 2, 420-430 (2002).
15. LeBlanc, H. and Ashkenazi, A. Apoptosis signaling by Apo2L/TRAIL. *Cell Death and Differentiation* 10, 66-75 (2003).
16. Almasan, A. and Ashkenazi, A. Apo2L/TRAIL: apoptosis signaling, biology, and potential for cancer therapy. *Cytokine and Growth Factor Reviews* 14, 337-348 (2003).

**Book:**

Antibody Fusion Proteins (Chamow, S., and Ashkenazi, A., eds., John Wiley and Sons Inc.) (1999).

**Talks:**

1. Resistance of primary HIV isolates to CD4 is independent of CD4-gp120 binding affinity. UCSD Symposium, HIV Disease: Pathogenesis and Therapy. Greenelefe, FL, March 1991.
2. Use of immuno-hybrids to extend the half-life of receptors. IBC conference on Biopharmaceutical Half-life Extension. New Orleans, LA, June 1992.
3. Results with TNF receptor Immunoconjugates for the Treatment of Sepsis. IBC conference on Endotoxemia and Sepsis. Philadelphia, PA, June 1992.
4. Immunoconjugates: an alternative to human antibodies. IBC conference on Antibody Engineering. San Diego, CA, December 1993.
5. Tumor necrosis factor receptor: a potential therapeutic for human septic shock. American Society for Microbiology Meeting, Atlanta, GA, May 1993.
6. Protective efficacy of TNF receptor immunoconjugate vs anti-TNF monoclonal antibody in a rat model for endotoxic shock. 5th International Congress on TNF. Asilomar, CA, May 1994.
7. Interferon- $\gamma$  signals via a multisubunit receptor complex that contains two types of polypeptide chain. American Association of Immunologists Conference. San Francisco, CA, July 1995.
8. Immunoconjugates: Principles and Applications. Gordon Research Conference on Drug Delivery in Biology and Medicine. Ventura, CA, February 1996.

9. Apo-2 Ligand, a new member of the TNF family that induces apoptosis in tumor cells. Cambridge Symposium on TNF and Related Cytokines in Treatment of Cancer. Hilton-Head, NC, March 1996.
10. Induction of apoptosis by Apo2 Ligand. American Society for Biochemistry and Molecular Biology, Symposium on Growth Factors and Cytokine Receptors. New Orleans, LA, June, 1996.
11. Apo2 ligand, an extracellular trigger of apoptosis. 2nd Clontech Symposium, Palo Alto, CA, October 1996.
12. Regulation of apoptosis by members of the TNF ligand and receptor families. Stanford University School of Medicine, Palo Alto, CA, December 1996.
13. Apo-3: a novel receptor that regulates cell death and inflammation. 4th International Congress on Immune Consequences of Trauma, Shock, and Sepsis. Munich, Germany, March 1997.
14. New members of the TNF ligand and receptor families that regulate apoptosis, inflammation, and immunity. UCLA School of Medicine, LA, CA, March 1997.
15. Immunoadhesins: an alternative to monoclonal antibodies. 5th World Conference on Bispecific Antibodies. Volendam, Holland, June 1997.
16. Control of Apo2L signaling. Cold Spring Harbor Laboratory Symposium on Programmed Cell Death. Cold Spring Harbor, New York. September, 1997.
17. Chairman and speaker, Apoptosis Signaling session. IBC's 4th Annual Conference on Apoptosis. San Diego, CA., October 1997.
18. Control of Apo2L signaling by death and decoy receptors. American Association for the Advancement of Science. Philadelphia, PA, February 1998.
19. Apo2 ligand and its receptors. American Society of Immunologists. San Francisco, CA, April 1998.
20. Death receptors and ligands. 7th International TNF Congress. Cape Cod, MA, May 1998.
21. Apo2L as a potential therapeutic for cancer. UCLA School of Medicine. LA, CA, June 1998.
22. Apo2L as a potential therapeutic for cancer. Gordon Research Conference on Cancer Chemotherapy. New London, NH, July 1998.
23. Control of apoptosis by Apo2L. Endocrine Society Conference, Stevenson, WA, August 1998.
24. Control of apoptosis by Apo2L. International Cytokine Society Conference, Jerusalem, Israel, October 1998.

25. Apoptosis control by death and decoy receptors. American Association for Cancer Research Conference, Whistler, BC, Canada, March 1999.
26. Apoptosis control by death and decoy receptors. American Society for Biochemistry and Molecular Biology Conference, San Francisco, CA, May 1999.
27. Apoptosis control by death and decoy receptors. Gordon Research Conference on Apoptosis, New London, NH, June 1999.
28. Apoptosis control by death and decoy receptors. Arthritis Foundation Research Conference, Alexandria GA, Aug 1999.
29. Safety and anti-tumor activity of recombinant soluble Apo2L/TRAIL. Cold Spring Harbor Laboratory Symposium on Programmed Cell Death. . Cold Spring Harbor, NY, September 1999.
30. The Apo2L/TRAIL system: therapeutic potential. American Association for Cancer Research, Lake Tahoe, NV, Feb 2000.
31. Apoptosis and cancer therapy. Stanford University School of Medicine, Stanford, CA, Mar 2000.
32. Apoptosis and cancer therapy. University of Pennsylvania School of Medicine, Philadelphia, PA, Apr 2000.
33. Apoptosis signaling by Apo2L/TRAIL. International Congress on TNF. Trondheim, Norway, May 2000.
34. The Apo2L/TRAIL system: therapeutic potential. Cap-CURE summit meeting. Santa Monica, CA, June 2000.
35. The Apo2L/TRAIL system: therapeutic potential. MD Anderson Cancer Center. Houston, TX, June 2000.
36. Apoptosis signaling by Apo2L/TRAIL. The Protein Society, 14<sup>th</sup> Symposium. San Diego, CA, August 2000.
37. Anti-tumor activity of Apo2L/TRAIL. AAPS annual meeting. Indianapolis, IN Aug 2000.
38. Apoptosis signaling and anti-cancer potential of Apo2L/TRAIL. Cancer Research Institute, UC San Francisco, CA, September 2000.
39. Apoptosis signaling by Apo2L/TRAIL. Kenote address, TNF family Minisymposium, NIH. Bethesda, MD, September 2000.
40. Death receptors: signaling and modulation. Keystone symposium on the Molecular basis of cancer. Taos, NM, Jan 2001.
41. Preclinical studies of Apo2L/TRAIL in cancer. Symposium on Targeted therapies in the treatment of lung cancer. Aspen, CO, Jan 2001.

42. Apoptosis signaling by Apo2L/TRAIL. Weizmann Institute of Science, Rehovot, Israel, March 2001.
43. Apo2L/TRAIL: Apoptosis signaling and potential for cancer therapy. Weizmann Institute of Science, Rehovot, Israel, March 2001.
44. Targeting death receptors in cancer with Apo2L/TRAIL. Cell Death and Disease conference, North Falmouth, MA, Jun 2001.
45. Targeting death receptors in cancer with Apo2L/TRAIL. Biotechnology Organization conference, San Diego, CA, Jun 2001.
46. Apo2L/TRAIL signaling and apoptosis resistance mechanisms. Gordon Research Conference on Apoptosis, Oxford, UK, July 2001.
47. Apo2L/TRAIL signaling and apoptosis resistance mechanisms. Cleveland Clinic Foundation, Cleveland, OH, Oct 2001.
48. Apoptosis signaling by death receptors: overview. International Society for Interferon and Cytokine Research conference, Cleveland, OH, Oct 2001.
49. Apoptosis signaling by death receptors. American Society of Nephrology Conference. San Francisco, CA, Oct 2001.
50. Targeting death receptors in cancer. Apoptosis: commercial opportunities. San Diego, CA, Apr 2002.
51. Apo2L/TRAIL signaling and apoptosis resistance mechanisms. Kimmel Cancer Research Center, Johns Hopkins University, Baltimore MD. May 2002.
52. Apoptosis control by Apo2L/TRAIL. (Keynote Address) University of Alabama Cancer Center Retreat, Birmingham, Ab. October 2002.
53. Apoptosis signaling by Apo2L/TRAIL. (Session co-chair) TNF international conference. San Diego, CA. October 2002.
54. Apoptosis signaling by Apo2L/TRAIL. Swiss Institute for Cancer Research (ISREC). Lausanne, Switzerland. Jan 2003.
55. Apoptosis induction with Apo2L/TRAIL. Conference on New Targets and Innovative Strategies in Cancer Treatment. Monte Carlo. February 2003.
56. Apoptosis signaling by Apo2L/TRAIL. Hermelin Brain Tumor Center Symposium on Apoptosis. Detroit, MI. April 2003.
57. Targeting apoptosis through death receptors. Sixth Annual Conference on Targeted Therapies in the Treatment of Breast Cancer. Kona, Hawaii. July 2003.
58. Targeting apoptosis through death receptors. Second International Conference on Targeted Cancer Therapy. Washington, DC. Aug 2003.

**Issued Patents:**



1. Ashkenazi, A., Chamow, S. and Kogan, T. Carbohydrate-directed crosslinking reagents. US patent 5,329,028 (Jul 12, 1994).
2. Ashkenazi, A., Chamow, S. and Kogan, T. Carbohydrate-directed crosslinking reagents. US patent 5,605,791 (Feb 25, 1997).
3. Ashkenazi, A., Chamow, S. and Kogan, T. Carbohydrate-directed crosslinking reagents. US patent 5,889,155 (Jul 27, 1999).
4. Ashkenazi, A., APO-2 Ligand. US patent 6,030,945 (Feb 29, 2000).
5. Ashkenazi, A., Chuntharapai, A., Kim, J., APO-2 ligand antibodies. US patent 6,046,048 (Apr 4, 2000).
6. Ashkenazi, A., Chamow, S. and Kogan, T. Carbohydrate-directed crosslinking reagents. US patent 6,124,435 (Sep 26, 2000).
7. Ashkenazi, A., Chuntharapai, A., Kim, J., Method for making monoclonal and cross-reactive antibodies. US patent 6,252,050 (Jun 26, 2001).
8. Ashkenazi, A. APO-2 Receptor. US patent 6,342,369 (Jan 29, 2002).
9. Ashkenazi, A. Fong, S., Goddard, A., Gurney, A., Napier, M., Tumas, D., Wood, W. A-33 polypeptides. US patent 6,410,708 (Jun 25, 2002).
10. Ashkenazi, A. APO-3 Receptor. US patent 6,462,176 B1 (Oct 8, 2002).
11. Ashkenazi, A. APO-2LI and APO-3 polypeptide antibodies. US patent 6,469,144 B1 (Oct 22, 2002).
12. Ashkenazi, A., Chamow, S. and Kogan, T. Carbohydrate-directed crosslinking reagents. US patent 6,582,928B1 (Jun 24, 2003).



## DECLARATION OF PAUL POLAKIS, Ph.D.

I, Paul Polakis, Ph.D., declare and say as follows:

1. I was awarded a Ph.D. by the Department of Biochemistry of the Michigan State University in 1984. My scientific Curriculum Vitae is attached to and forms part of this Declaration (Exhibit A).
2. I am currently employed by Genentech, Inc. where my job title is Staff Scientist. Since joining Genentech in 1999, one of my primary responsibilities has been leading Genentech's Tumor Antigen Project, which is a large research project with a primary focus on identifying tumor cell markers that find use as targets for both the diagnosis and treatment of cancer in humans.
3. As part of the Tumor Antigen Project, my laboratory has been analyzing differential expression of various genes in tumor cells relative to normal cells. The purpose of this research is to identify proteins that are abundantly expressed on certain tumor cells and that are either (i) not expressed, or (ii) expressed at lower levels, on corresponding normal cells. We call such differentially expressed proteins "tumor antigen proteins". When such a tumor antigen protein is identified, one can produce an antibody that recognizes and binds to that protein. Such an antibody finds use in the diagnosis of human cancer and may ultimately serve as an effective therapeutic in the treatment of human cancer.
4. In the course of the research conducted by Genentech's Tumor Antigen Project, we have employed a variety of scientific techniques for detecting and studying differential gene expression in human tumor cells relative to normal cells, at genomic DNA, mRNA and protein levels. An important example of one such technique is the well known and widely used technique of microarray analysis which has proven to be extremely useful for the identification of mRNA molecules that are differentially expressed in one tissue or cell type relative to another. In the course of our research using microarray analysis, we have identified approximately 200 gene transcripts that are present in human tumor cells at significantly higher levels than in corresponding normal human cells. To date, we have generated antibodies that bind to about 30 of the tumor antigen proteins expressed from these differentially expressed gene transcripts and have used these antibodies to quantitatively determine the level of production of these tumor antigen proteins in both human cancer cells and corresponding normal cells. We have then compared the levels of mRNA and protein in both the tumor and normal cells analyzed.
5. From the mRNA and protein expression analyses described in paragraph 4 above, we have observed that there is a strong correlation between changes in the level of mRNA present in any particular cell type and the level of protein

expressed from that mRNA in that cell type. In approximately 80% of our observations we have found that increases in the level of a particular mRNA correlates with changes in the level of protein expressed from that mRNA when human tumor cells are compared with their corresponding normal cells.

6. Based upon my own experience accumulated in more than 20 years of research, including the data discussed in paragraphs 4 and 5 above and my knowledge of the relevant scientific literature, it is my considered scientific opinion that for human genes, an increased level of mRNA in a tumor cell relative to a normal cell typically correlates to a similar increase in abundance of the encoded protein in the tumor cell relative to the normal cell. In fact, it remains a central dogma in molecular biology that increased mRNA levels are predictive of corresponding increased levels of the encoded protein. While there have been published reports of genes for which such a correlation does not exist, it is my opinion that such reports are exceptions to the commonly understood general rule that increased mRNA levels are predictive of corresponding increased levels of the encoded protein.

7. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information or belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issued thereon.

Dated: 5/07/04

By: Paul Polakis

Paul Polakis, Ph.D.



## CURRICULUM VITAE

PAUL G. POLAKIS  
Staff Scientist  
Genentech, Inc  
1 DNA Way, MS#40  
S. San Francisco, CA 94080

### EDUCATION:

Ph.D., Biochemistry, Department of Biochemistry,  
Michigan State University (1984)

B.S., Biology. College of Natural Science, Michigan State University (1977)

### PROFESSIONAL EXPERIENCE:

2002-present	Staff Scientist, Genentech, Inc S. San Francisco, CA
1999- 2002	Senior Scientist, Genentech, Inc., S. San Francisco, CA
1997 -1999	Research Director Onyx Pharmaceuticals, Richmond, CA
1992- 1996	Senior Scientist, Project Leader, Onyx Pharmaceuticals, Richmond, CA
1991-1992	Senior Scientist, Chiron Corporation, Emeryville, CA.
1989-1991	Scientist, Cetus Corporation, Emeryville CA.
1987-1989	Postdoctoral Research Associate, Genentech, Inc., South San Francisco, CA.
1985-1987	Postdoctoral Research Associate, Department of Medicine, Duke University Medical Center, Durham, NC

1984-1985

Assistant Professor, Department of Chemistry,  
Oberlin College, Oberlin, Ohio

1980-1984

Graduate Research Assistant, Department of  
Biochemistry, Michigan State University  
East Lansing, Michigan

### **PUBLICATIONS:**

1. **Polakis, P. G.** and Wilson, J. E. 1982 Purification of a Highly Bindable Rat Brain Hexokinase by High Performance Liquid Chromatography. **Biochem. Biophys. Res. Commun.** 107, 937-943.
2. **Polakis, P.G.** and Wilson, J. E. 1984 Proteolytic Dissection of Rat Brain Hexokinase: Determination of the Cleavage Pattern during Limited Digestion with Trypsin. **Arch. Biochem. Biophys.** 234, 341-352.
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